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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CN01180K1
First Named Inventor	Bernard R. Neustadt et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADENOSINE A2a RECEPTOR ANTAGONISTS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/207,143	May 26, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: [redacted]

Typed or printed name [redacted]

Signature [redacted]

Date [redacted]

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Date May 24, 2001

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number **24265** →  Place Customer Number Bar Code Label here  
**OR**  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number **24265**  OR Correspondence address below

Name	Anita W. Magatti	Reg. No. 29,825		
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5067	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Bernard R.	Neustadt				
Inventor's Signature	<i>Bernard R Neustadt</i>				
Date	4/30/01				
Residence: City	West Orange	State	New Jersey	Country	U.S.A.
Citizenship	U.S.A.				
Post Office Address	24 Brook Place				
Post Office Address					
City	West Orange	State	New Jersey	ZIP	07052
Country	U.S.A.				

Additional inventors are being named on the **3** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Neil		Lindo				
Inventor's Signature	<i>Neil G. Lindo</i>					Date <u>4/30/01</u>
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Post Office Address						
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
William J.		Greenlee				
Inventor's Signature	<i>William J. Greenlee</i>					Date <u>4/30/01</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Deen		Tulshian				
Inventor's Signature	<i>Deen</i>					Date <u>4/30/01</u>
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Post Office Address						
City	Lebanon	State	New Jersey	ZIP	08833	Country <u>U.S.A.</u>

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 2 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Lisa S.		Silverman					
Inventor's Signature	<i>Lisa S. Silverman</i>					Date	4/30/01
Residence: City	Edison	State	New Jersey	Country	U.S.A.	Citizenship	U.S.A.
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Post Office Address							
City	Edison	State	New Jersey	ZIP	08817	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Yan		Xia					
Inventor's Signature	<i>D. J. C.</i>					Date	4/30/01
Residence: City	Edison	State	New Jersey	Country	U.S.A.	Citizenship	U.S.A.
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Post Office Address							
City	Edison	State	New Jersey	ZIP	08820	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Craig D.		Boyle					
Inventor's Signature	<i>Craig D. Boyle</i>					Date	4/30/01
Residence: City	Branchburg	State	New Jersey	Country	U.S.A.	Citizenship	U.S.A.
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Post Office Address							
City	Branchburg	State	New Jersey	ZIP	08876	Country	U.S.A.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Samuel 		Chackalamannil				
Inventor's Signature						4/30/01 Date
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Post Office Address						
City	East Brunswick	State	New Jersey	ZIP	08816	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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